

Missouri Bureau of Vital Records

Medical Certifier Training Packet



Missouri Department of Health & Senior Services
930 Wildwood Drive
Jefferson City, MO 65109

Medical Certifier

In Missouri, medical certifiers are those who provide information about the cause and manner of someone's death and certify a death record. The Missouri Electronic Vital Records (MoEVR) system, operated by the Missouri Department of Health and Senior Services – Bureau of Vital Records, exists to support the electronic registration of vital records, such as death certificates, in Missouri.

Specific data providers including funeral directors, attending physicians, medical examiners, coroners, among others, are granted access to MoEVR to aid in the collection and registration of the data necessary to file a vital record in Missouri.

A medical certifier may be a:

- Advanced practice registered nurse (APRN)
- Assistant physician (AP)
- Medical examiner or coroner
- Physician assistant (PA)
- Physician (MD/DO)

Medical certifiers fulfill an important final step in completing a patient's care by providing cause of death for the death certificate. Families use these permanent legal records to settle the affairs of their loved ones and to obtain insurance, veteran, and retirement benefits, among other legal or personal purposes.

The cause of death on a death certificate is an invaluable source of information for state and national mortality statistics and helps guide decisions on which medical conditions receive research and development funding, sets public health goals, and allows the measurement of health statuses across local, state, national, and international levels.

A properly completed cause-of-death section provides an etiologic explanation of the order, type, and association of events resulting in death.

Public health data derived from death certificates is no more accurate than the information provided on the certificate. Therefore, ensuring these records are completed as accurately as possible is critical.

Training Resources

National Center for Health Statistics – Training and Instructional Materials
(<https://www.cdc.gov/nchs/nvss/training-and-instructional-materials.htm>)

Missouri Electronic Vital Records (MoEVR) Training and Support
(<https://health.mo.gov/data/vitalrecords/training/index.php>)

National Vital Statistics System

In the United States, the legal authority to register deaths lies within 57 jurisdictions (50 states, 2 cities, and 5 territories). The 57 jurisdictions share death record information with the National Vital Statistics System (NVSS) at the Centers for Disease Control and Prevention (CDC). The compiled national mortality statistics inform a variety of medical and health-related research efforts.

Local and state public health agencies use information from the death record to assess community health status and for disease surveillance (e.g., drug overdose deaths, influenza, and other infectious diseases).

Why Go Electronic?

The benefits of being an electronically registered certifier in MoEVR include:

- Quickly electronically certify a death certificate anywhere, anytime
- Real-time prompts, edits, and validations including mortality focused spellchecking, rare word identification, abbreviation validation, ICD code determination, medical edits, surveillance, rare cause, ill-defined/trivial cause, among other powerful validations
- Reduced registration lag times and decreased possibility of loss, theft, and fraud

Contact Bureau of Vital Records

The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record data providers. Field staff can also arrange for telephone/web conference training calls.

If you are a vital record data provider (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, etc.) and would like to request a personalized training session or gain access to MoEVR, please **call 573-751-6387, option 4.**

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

124 -

VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)				2. SEX		3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE		4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)							
5. SOCIAL SECURITY NUMBER		6a. AGE - Last Birthday (Years)		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH-PLACE (City and State or Foreign Country)					
9a. RESIDENCE (COUNTRY)				(STATE, TERRITORY or PROVINCE)				9b. COUNTY		9c. CITY, TOWN, OR LOCATION					
9d. STREET AND NUMBER				9e. APARTMENT NO.				9f. ZIP CODE		9g. INSIDE CITY LIMITS? ☐ Yes ☐ No					
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No		11. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown				12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)									
13. FATHER'S NAME (First, Middle, Last, Suffix)				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)											
15a. INFORMANT'S NAME (First, Middle, Last, Suffix)				15b. RELATIONSHIP TO DECEDENT				15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)							
16. PLACE OF DEATH (Check only one: see instructions.)															
IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☐ Emergency Room/Outpatient ☐ DOA						IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL ☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☐ Decedent's Home ☐ Other (Specify)									
17. FACILITY NAME (If not institution, give street and number)						18. CITY OR TOWN, STATE AND ZIP CODE			19. COUNTY OF DEATH						
20a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)				20b. DATE OF DISPOSITION (Month, Day, Year)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			22. LOCATION (City or Town, State)						
23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY						24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH			25. FUNERAL ESTABLISHMENT LICENSE NUMBER						
26. ACTUAL OR PRESUMED TIME OF DEATH				27. WAS MEDICAL EXAMINER/CORONER CONTACTED? ☐ Yes ☐ No											
CAUSE OF DEATH (See instructions and examples in handbook)															
28. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.															
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____															
Approximate interval: Chest to Death															
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.															
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☐ Unknown				32. IF FEMALE ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year				33. MANNER OF DEATH ☐ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined							
34. DATE OF INJURY (Month, Day, Year) (Spell Month)				35. TIME OF INJURY M				36. PLACE OF INJURY (e.g., decedent's home, construction site, restaurant, wooded area)				37. INJURY AT WORK? ☐ Yes ☐ No			
38a. LOCATION OF INJURY - STATE		38b. COUNTY		38c. CITY OR TOWN		38d. STREET AND NUMBER		38e. ZIP CODE							
39. DESCRIBE HOW INJURY OCCURRED						40. IF TRANSPORTATION ACCIDENT (SPECIFY) ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)									
41. CERTIFIER (CHECK ONLY ONE) ☐ Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☐ Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.															
SIGNATURE ▶															
42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28)								43. TITLE OF CERTIFIER							
44. CERTIFIER MO LICENSE NUMBER				45. CERTIFIER NPI NUMBER				46. DATE CERTIFIED (Month, Day, Year)							
47. REGISTRAR'S SIGNATURE						48. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year)									
49. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death.) ☐ 8th grade or less ☐ 9th - 12th grade; no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS) ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) ☐ Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)				50. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (Specify) _____				51. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) ☐ White ☐ Other Asian (Specify) _____ ☐ Black or African American ☐ Native Hawaiian ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ ☐ Asian Indian ☐ Other Pacific Islander (Specify) _____ ☐ Chinese ☐ Other (Specify) _____ ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Unknown							
52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED".)						53. KIND OF BUSINESS/INDUSTRY									

☐ EMBALMED ☐ NOT EMBALMED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the deceased named above was embalmed by me, _____ (Name and Licensee Number)
or by student _____ (Name and Licensee Number) on _____ (Date) working under my personal supervision.

NOTE: Failure to comply with embalming requirements constitutes grounds for revocation of license.

City or Town _____ State _____
Date Certified (Month, Day, Year) _____

Death Certificate Electronic System

193.145. 1. A certificate of death for each death which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after death and shall be registered if such certificate has been completed and filed pursuant to this section. All data providers in the death registration process, including, but not limited to, the state registrar, local registrars, the state medical examiner, county medical examiners, coroners, funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident physicians, physician assistants, assistant physicians, advanced practice registered nurses, and the chief medical officers of licensed health care facilities, and other public or private institutions providing medical care, treatment, or confinement to persons, shall be required to use and utilize any electronic death registration system required and adopted under subsection 1 of section [193.265](#) within six months of the system being certified by the director of the department of health and senior services, or the director's designee, to be operational and available to all data providers in the death registration process. However, should the person or entity that certifies the cause of death not be part of, or does not use, the electronic death registration system, the funeral director or person acting as such may enter the required personal data into the electronic death registration system and then complete the filing by presenting the signed cause of death certification to the local registrar, in which case the local registrar shall issue death certificates as set out in subsection 2 of section [193.265](#). Nothing in this section shall prevent the state registrar from adopting pilot programs or voluntary electronic death registration programs until such time as the system can be certified; however, no such pilot or voluntary electronic death registration program shall prevent the filing of a death certificate with the local registrar or the ability to obtain certified copies of death certificates under subsection 2 of section [193.265](#) until six months after such certification that the system is operational.

2. If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed pursuant to the provisions of this section. The place where the body is found shall be shown as the place of death. The date of death shall be the date on which the remains were found.

3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.

4. The funeral director or person in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify and enter into the electronic death registration system:

- (1) The personal data from the next of kin or the best qualified person or source available;
- (2) The medical certification from the person responsible for such certification if designated to do so under subsection 5 of this section; and

(3) Any other information or data that may be required to be placed on a death certificate or entered into the electronic death certificate system including, but not limited to, the name and license number of the embalmer.

5. The medical certification shall be completed, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition within seventy-two hours after death by the physician, physician assistant, assistant physician, advanced practice registered nurse in charge of the patient's care for the illness or condition which resulted in death. In the absence of the physician, physician assistant, assistant physician, advanced practice registered nurse or with the physician's, physician assistant's, assistant physician's, or advanced practice registered nurse's approval the certificate may be completed and attested to its accuracy either by signature or an approved electronic process by the physician's associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death and death is due to natural causes. The person authorized to complete the medical certification may, in writing, designate any other person to enter the medical certification information into the electronic death registration system if the person authorized to complete the medical certificate has physically or by electronic process signed a statement stating the cause of death. Any persons completing the medical certification or entering data into the electronic death registration system shall be immune from civil liability for such certification completion, data entry, or determination of the cause of death, absent gross negligence or willful misconduct. The state registrar may approve alternate methods of obtaining and processing the medical certification and filing the death certificate. The Social Security number of any individual who has died shall be placed in the records relating to the death and recorded on the death certificate.

6. When death occurs from natural causes more than thirty-six hours after the decedent was last treated by a physician, physician assistant, assistant physician, advanced practice registered nurse, the case shall be referred to the county medical examiner or coroner or physician or local registrar for investigation to determine and certify the cause of death. If the death is determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer the certificate of death to the attending physician, physician assistant, assistant physician, advanced practice registered nurse for such certification. If the attending physician, physician assistant, assistant physician, advanced practice registered nurse refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest to the accuracy of the certificate of death either by signature or an approved electronic process within thirty-six hours.

7. If the circumstances suggest that the death was caused by other than natural causes, the medical examiner or coroner shall determine the cause of death and shall complete and attest to the accuracy either by signature or an approved electronic process the medical certification within seventy-two hours after taking charge of the case.

8. If the cause of death cannot be determined within seventy-two hours after death, the attending medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar shall give the funeral director, or person in charge of final disposition of the dead body, notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the medical examiner,

coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar.

9. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of competent jurisdiction which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive", show on its face the date of registration, and identify the court and the date of decree.

10. (1) The department of health and senior services shall notify all physicians, physician assistants, assistant physicians, and advanced practice registered nurses licensed under [chapters 334](#) and [335](#) of the requirements regarding the use of the electronic vital records system provided for in this section.

(2) On or before August 30, 2015, the department of health and senior services, division of community and public health shall create a working group comprised of representation from the Missouri electronic vital records system users and recipients of death certificates used for professional purposes to evaluate the Missouri electronic vital records system, develop recommendations to improve the efficiency and usability of the system, and to report such findings and recommendations to the general assembly no later than January 1, 2016.

Delayed Filing

193.155. 1. When a death occurring in this state has not been registered within the time period described by section 193.145, a certificate of death may be filed in accordance with department rules. Such certificate shall be registered subject to such evidentiary requirements as the department shall prescribe to substantiate the alleged facts of death.

2. Certificates of death registered one year or more after the date of death shall be marked "Delayed" and shall show on their face the date of the delayed registration.

Which deaths must be reported to the coroner?

Any death suspected of being caused by injury must be reported to the coroner, even if the injury occurred days, weeks, months, or years before the death. Even if an injury only contributes to an otherwise natural death, the death should still be reported. Reportable injuries include:

1. Falls
2. Blunt force or crushing injuries
3. Sharp force (cutting, stabbing, or chopping) injuries
4. Injuries from firearms (handguns, rifles, shotguns, or other)
5. Explosion
6. Electrocutions and lightning strikes
7. Asphyxia (suffocation, strangulation, hanging, exclusion of oxygen, poisoning by gases [carbon monoxide, poisoning by cyanide, or other])
8. Vehicular accidents (automobile, bus, railroad, motorcycle, bicycle, boat, aircraft, or other craft) including deaths of drivers, passengers, pedestrians, or non-occupants involved in the accidents
9. Drowning
10. Weather-related injuries (lightning, heat or cold exposure, tornado, or other)
11. Drug use, prescription or illicit
12. Poisoning or chemical ingestions
13. Burns (chemical, thermal, radiation, electrical, etc.)
14. Criminal abortions, including those self-induced (these include maternal or fetal deaths that may be caused from illegal interference with the pregnancy or from criminal activity)
15. Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health. (These include deaths caused by acute rapidly fatal illnesses, such as fulminant meningitis. Any death caused by highly infectious agents capable of causing an epidemic should be reported.) **Note:** Deaths due to Acquired Immunodeficiency Syndrome (AIDS) are usually not reportable.
16. Deaths that occur during employment or that are related to employment or deaths that occur in public places, such as buildings, streets, parks, or other similar areas must be reported.
17. When any person dies suddenly:
 - a. When in apparent good health. These deaths include:
 - i. Sudden and unexpected deaths
 - ii. Deaths for which the attending physicians cannot supply adequate or reasonable explanations
 - iii. Person found dead without obvious causes of death
 - b. When unattended by a physician, chiropractor, or an accredited Christian Science Practitioner, during the thirty-six hours that immediately precedes the death. **Note: Missouri Vital Records rules and statutes do not include a twenty-four hour time period in relation to reporting deaths due to trauma, unusual, sudden, or suspicious manner.** A death occurring less than twenty-four hours after hospital admission is not necessarily reportable, such as hospice or terminally ill cases.

- c. While in the custody of the law, or while an inmate in a public institution.
 - i. All deaths occurring in correctional institutions, reformatories, or other incarceration or detention areas are reportable.
 - ii. Deaths of persons under police custody or police hold, regardless of the probable cause and manner are also reportable.
- d. Deaths occurring in any unusual or suspicious manner. The following are also reportable:
 - i. Deaths while under anesthesia, during the post-anesthetic period, or during induction of anesthesia, regardless of the interval between the original incident and the death.
 - ii. Deaths during or following diagnostic or therapeutic procedures, if the deaths might be related to the procedures or the complications resulting from the procedures.
 - iii. Deaths occurring under unknown circumstances, when there are no witnesses, or where there is little or no information concerning previous medical histories.
 - iv. Deaths in which the treating physicians are unavailable or are unwilling to certify the cause of death.
 - v. Whenever anatomic material suspected of being a part of a human body is found, such as bones, human organs, fetal parts, placentas, etc.

B. Who reports the death?

“The police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of the death. Immediately upon receipt of notification, the coroner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical cause of death.”

C. What about child deaths?

“When any person dies within a county and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement office or official or any person having knowledge of such death shall immediately notify the coroner of known facts concerning the time, place, manner and circumstances of the death. Under Missouri law, all child deaths, involving individuals below the age of eighteen years, must be reported.”

D. Who signs the death certificate?

The coroner or his deputy signs the death certificates in all cases where he/she has assumed jurisdiction. A private physician should sign the death certificate of his patient only if the patient has been under the care of this physician and the patient has died of natural causes. After receiving notification of a death and performing an initial investigation, the coroner or his deputy may elect to decline jurisdiction of the death. In that situation, the private physician may sign the death certificate.

Causes of Death Due To Trauma

Whenever circumstances suggest death was caused by other than natural causes the manner of death shall be determined by the medical examiner or coroner. They are also responsible for completing and signing the medical certification of the death certificate.

The following types of death can only be certified by the medical examiner or coroner:

A

Accidental death of any type
Asphyxia, asphyxiation (choking, strangulation, smothering, etc.)
Aspiration (choking) on food, foreign objects
Assault

B

Beating
Blunt Trauma

C

Crib death
Crush injuries
Cuts

D

Drowning
Drug overdose or intoxication

E

Electrocution

F

Fire (including smoke inhalation)
Firearms injuries
Fractures (except for pathologic fractures)

G

Gunshot wounds

H

Homicide

I

Injuries
Intoxication

J

Jail Deaths

M

Motor vehicle related

P

Poisoning

S

Sudden Infant Death Syndrome (SIDS)
Suicide

T

Thermal injuries

U

Undetermined, Unknown

III Defined/Insufficient Terms for Cause of Death

Although records may be registered with the following terms as cause of death, they are in themselves insufficient and considered ill-defined unless etiology is also listed. If etiology is unknown, that must be stated with the term. In most cases, these terms actually describe the mechanism of death (how the lethal process manifested itself to result in death) and not the actual immediate cause of death. For the death certificate to be acceptable, the actual cause of death must be stated on the certificate.

The Bureau of Vital Records will attempt to collect additional information for ill-defined causes of death. Once a record is registered, this information can only be added or changed by the medical certifier through the Correction Affidavit process.

Anemia	Gastric aspiration
Aneurysm (should state type and location)	Gastrointestinal bleeding or hemorrhage
Anoxia	
Anoxic encephalopathy	Heart failure
Arrhythmia	Hemorrhage
Aspiration	Hepatic failure
Aspiration pneumonia	Hypoglycemia
	Hypoxia
Brain death	Hypoxic encephalopathy
Cardiac arrest	Intracerebral hemorrhage
Cardiac arrhythmia	Intracranial hemorrhage
Cardiac dysrhythmia	
Cardiopulmonary arrest or failure	Liver failure
Cardiorespiratory arrest or failure	Natural disease or causes
Cerebral hemorrhage	
Congestive heart failure <i>(should be used with one of the following causes listed)</i>	Old age
Arteriosclerotic Heart Disease	Pulmonary congestion
Myocardial infarction	Pulmonary edema
Coronary Occlusion	
Coronary thrombosis	Renal failure
Myocarditis	Respiratory arrest or failure
Hypertensive Cardiovascular Disease	
Coronary Artery Disease	Senility
Valvular Disease	Shock
Mitral or Aortic Stenosis	Subarachnoid hemorrhage
Mitral or Aortic Regurgitation	Subdural hemorrhage
	Sudden death
Encephalopathy	
Exsanguination	Ventricular arrhythmia or dysrhythmia
	Ventricular fibrillation



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

AFFIDAVIT FOR CORRECTION OF A BIRTH OR DEATH RECORD

STATE FILE NUMBER

Indicate below the type of certificate to be amended or corrected. PRINT or TYPE the information identifying the certificate and the item to be changed. *This form must be signed in the presence of a Notary Public or the request cannot be processed and will be returned.*

Please note:

1. Affidavits containing erasures, write-overs and/or white-out, faxed or reproduced copies of completed form will not be accepted.
2. An item which has been amended once by an affidavit cannot be amended again by an affidavit; it will require a Court Order.

Mail the completed form to: **Missouri Department of Health and Senior Services
Bureau of Vital Records
P.O. Box 570
Jefferson City, MO 65102-0570**

Before me appears Name of Person Signing who, upon his/her oath, states that the original record of birth/death for
(PRESENT LEGAL NAME) (CIRCLE ONE)

Decedent's Name on Record born/died Date of Death in the State of Missouri.
(NAME AS SHOWN ON RECORD) (CIRCLE ONE) (MONTH/DAY/YEAR)

SHOULD BE CORRECTED AS FOLLOWS:

FOR STATE USE ONLY	ITEM NO./ITEM NAME	SHOULD READ
	Box number	What should be on the record
	INSTEAD OF	What is on the record now
	ITEM NO./ITEM NAME	SHOULD READ
	INSTEAD OF	
	ITEM NO./ITEM NAME	SHOULD READ
	INSTEAD OF	
	ITEM NO./ITEM NAME	SHOULD READ
	INSTEAD OF	
	ITEM NO./ITEM NAME	SHOULD READ
INSTEAD OF		

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

AFFIANT SIGNATURE (MUST BE SIGNED IN PRESENCE OF NOTARY)

Signed in front of notary

RELATIONSHIP

Job Title

PRESENT ADDRESS (STREET, AND/OR P.O. BOX, CITY, STATE, ZIP)

Complete work address

NOTARY PUBLIC EMBOSSER SEAL

STATE

COUNTY

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF 20

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW

Must be completed by a notary



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

AFFIDAVIT FOR CORRECTION OF A BIRTH OR DEATH RECORD

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2. An item which has been amended once by an affidavit cannot be amended again by an affidavit; it will require a Court Order.

Mail the completed form to: **Missouri Department of Health and Senior Services
Bureau of Vital Records
P.O. Box 570
Jefferson City, MO 65102-0570**

Before me appears _____ who, upon his/her oath, states that the original record of birth/death for
(PRESENT LEGAL NAME) (CIRCLE ONE)

born/died _____ in the State of Missouri.
(NAME AS SHOWN ON RECORD) (CIRCLE ONE) (MONTH/DAY/YEAR)

SHOULD BE CORRECTED AS FOLLOWS:

FOR STATE USE ONLY

ITEM NO./ITEM NAME	SHOULD READ
INSTEAD OF	
ITEM NO./ITEM NAME	SHOULD READ
INSTEAD OF	
ITEM NO./ITEM NAME	SHOULD READ
INSTEAD OF	
ITEM NO./ITEM NAME	SHOULD READ
INSTEAD OF	
ITEM NO./ITEM NAME	SHOULD READ
INSTEAD OF	
ITEM NO./ITEM NAME	SHOULD READ
INSTEAD OF	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

AFFIANT SIGNATURE (MUST BE SIGNED IN PRESENCE OF NOTARY)

RELATIONSHIP

PRESENT ADDRESS (STREET, AND/OR P.O. BOX, CITY, STATE, ZIP)

NOTARY PUBLIC EMBOSSER SEAL

STATE

COUNTY

SUBSCRIBED AND SWORN BEFORE ME, THIS
DAY OF 20

USE RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

**AUTHORIZATION TO CREMATE TEMPLATE
PUT ON FUNERAL HOME LETTERHEAD**

Date: _____

Due to the family's decision for cremation of _____, Missouri Revised Statutes (RSMo), Section 193.175.1 indicates, "...if the body is to be cremated, a completed death certificate shall be filed with the local registrar prior to cremation..."

Additionally, the Missouri Code of State Regulations indicates, "...if a completed death certificate cannot be filed because the cause of death has not been determined, a body shall not be cremated until written authorization from the...medical certifier is received by the funeral director..."

We would appreciate it if you would please sign the statement below that would authorize cremation until the official certificate of death is completed. Please fax it back to us at () _____.

The statement will allow us to cremate in a timely manner according to the wishes of the family.

I, _____, do certify that I am the medical certifier of record and will
PRINT NAME

Complete the cause of death and sign the official *Certificate of Death* for _____.
NAME OF DECEASED

This statement is to allow the family to proceed with the cremation and service plans.

Medical Certifier Signature

License Number (if applicable)

Where to Find Forms

The following forms can be found at <https://health.mo.gov/IVrecords/>

General Applications

- Application for a Vital Record – Birth/Death/Fetal/Stillbirth
- Application for a Vital Record – Statement of Marriage/Divorce

General Affidavits

- Affidavit for Correction of a Birth or Death Record
- Affidavit of Homeless or Unaccompanied Youth Status for Fee Exempt Certified Copy of Birth Certificate

Legitimation

- Affidavit When Father is Deceased
- Affidavit When Mother is Deceased
- Father's Affidavit to Legitimate Birth Record
- Mother's Affidavit to Legitimate Birth Record

Missouri Adoptee Rights Act (MARA)

- Application for Non-Certified Copy of Original (Pre-Adoptive) Birth Certificate by Adoptee, Adoptee's Attorney or Birth Parent
- Application for Non-Certified Copy of Original (Pre-Adoptive) Birth Certificate by Lineal Descendant
- Adoptee Contact Preference Form
- Birth Parent Contact Preference Form
- Birth Parent Medical History Form

Paternity

- Affidavit Acknowledging Paternity Notice of Rights
- Father's Affidavit Acknowledging Paternity
- Husband's Denial of Paternity
- Mother's Affidavit Acknowledging Paternity
- Rescission of Affidavit Acknowledging Paternity

Putative Father Registry

- Notice of Intent to Claim Paternity
- Request for Search of Putative Father Registry

For Professional Use Only

- Application/Report of Marriage
- Certificate of Live Birth
- Certificate of Decree of Adoption
- Complication Report for Post-Abortion Care
- Certificate of Death
- MoEVR User Access Request Form
- Report of Induced Termination of Pregnancy

Importance of Death Certificates

Families

- Handle final disposition of the body
- Closing out business affairs of the decedent
- Terminate benefits before an overpayment is made
- Gain access to bank accounts
- Utilize life insurance policies
- Transfer property ownership
- Provide closure

Public Health

- Leading cause of death
- Life expectancy
- Plan/evaluate programs

Medical Field

- Determine where future research funding should be allocated
- Measure progress of medical interventions
- Measure health outcomes
- Monitor prevalence of disease

Why We Do What We Do:

<https://health.mo.gov/data/vitalrecords/pdf/whywedowhatwedo.pdf>

MO Electronic Vital Records (MoEVR) Steps to Certify Medical Information

- Log into MoEVR: <https://moevr.dhss.mo.gov/>
- Click on process under actions for the decedent
- Go directly to tab 7
- Verify time and date of death
- Answer the was ME/Coroner contacted and autopsy questions
- Click next
- Enter cause of death on tab 8 (avoid ill-defined causes of death without etiology)
- Click next
- Answer tobacco question
- Answer pregnancy question (if of birthing age 10-65)
- Select manner of death
- **Click on Finish**
- **Click on Save as Pending**
- **Click Return to Record**
- Go directly to tab 11 case actions
- Check box beside Medical Information Ready to be Certified; this will open up box below
- Check box beside Certify Medical Information
- Click on Finish
- Click on Save as Pending (ignore any warnings for funeral homes and state users)
- Once returned to the main menu the record will be gone from the queue

MO Electronic Vital Records (MoEVR)

Steps to Decline to Certify Medical Information

- Log into MoEVR: <https://moevr.dhss.mo.gov/>
- Click on process under actions for the decedent
- Go directly to tab 11
- If you choose, you may enter in the “comments among users box” at the top left a reason for declining to certify. Such as “this is not my patient”. If you know the correct physician you can list that information here.
- Check box beside “Decline to Certify”
- Click on Finish
- Click on Save as Pending (ignore any warnings for funeral homes and state users)
- Once returned to the main menu the record will be gone from the queue

Website for MoEVR Login: <https://moevr.dhss.mo.gov/>

Links & Information on this document can be found at:
<https://health.mo.gov/data/vitalrecords/training/index.php>

The purpose of the Missouri Electronic Vital Records (MoEVR) system is to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services and other users such as funeral directors, attending physicians, medical examiners, and birthing facilities.

Therefore, **before utilizing MoEVR**, complete the following training modules.



[Module 1: Medical Certifier Rules and Regulations Training](#)
[Module 2: MoEVR Login & Password Reset](#)
[Module 3: MoEVR Medical Certification Process](#)
[Module 4: Death Certificate Affidavit of Correction and Query Letters](#)
[Module 5: MoEVR Knowledge Check](#)



The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record stakeholders. Field staff can also arrange for telephone/web conference training calls. If you are a vital record stakeholder (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, medical examiner/coroner, etc.) and would like to request personalized training or a private training session from the Missouri Bureau of Vital Records, **call 573-751-6387, option 4.**



According to the National Center for Health Statistics (NCHS), birth and death information is an important source of statistical data for identifying public health problems, monitoring progress in public health, informing the allocation of research and prevention funds, and conducting scientific research. For these reasons, complete, accurate, and standardized reporting of vital events is critical.

Therefore, **before completing vital event data in Missouri**, review the [comprehensive training and instructional materials](#) made available by the National Center for Health Statistics.

Website for MoEVR Login: <https://moevr.dhss.mo.gov/>

PHONE . E-MAIL . FAX

P: (573) 751-6387, Option 4
E: MoEVRsupport@health.mo.gov
F: (573) 526-3846

MAILING . ADDRESS

Missouri Department of
Health and Senior Services
Bureau of Vital Records
930 Wildwood Drive
Jefferson City, MO 65109



MISSOURI ELECTRONIC VITAL RECORDS

The Missouri Electronic Vital Records (MoEVR) system is designed to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services - Bureau of Vital Records. This system is for professional use only by entities such as hospitals/birthing facilities, attending physicians, funeral directors, medical examiners, coroners, and embalmers. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death, or reports of fetal death is punishable in accordance with Missouri statutes.

By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death, or Report of Fetal Death for events occurring within the State of Missouri.

I understand that failure to adhere to the above agreement will result in loss of access to the MoEVR system. Any unauthorized access, misuse, and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

LOGIN



Bureau of Vital Records Contact List

930 WILDWOOD DRIVE, JEFFERSON CITY, MO 65109

www.health.mo.gov/vitalrecords

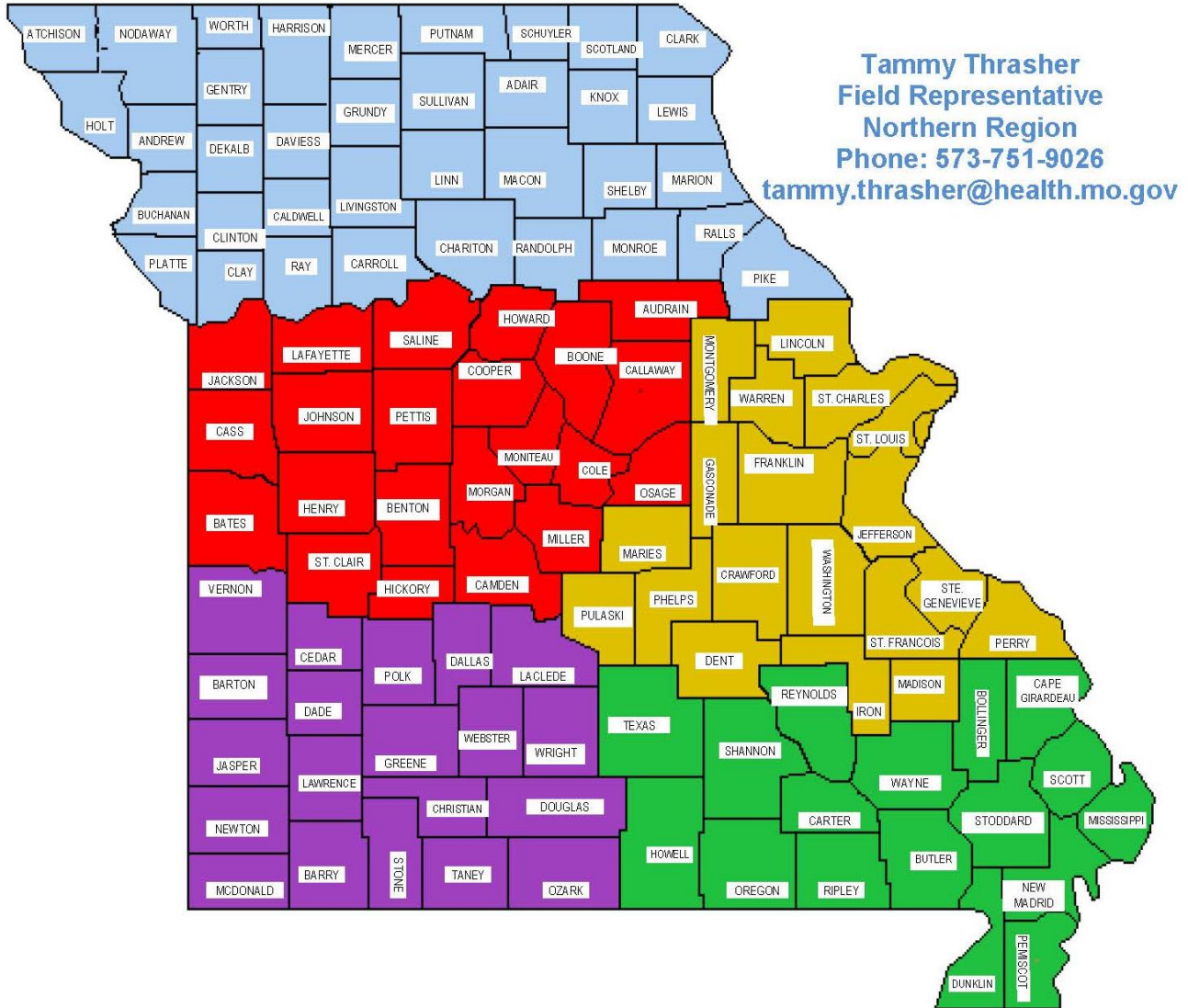
TEAM MEMBER	TITLE/SERVICE AREA	PHONE	EMAIL
Ken Palermo	State Registrar	573-522-2808	ken.palermo@health.mo.gov
Joyce Luebbering	Bureau Chief	573-526-4717	joyce.luebbering@health.mo.gov
Dylan Bryant	Deputy Bureau Chief	573-526-1511	dylan.bryant@health.mo.gov
Chris Bursnall	Field Representative, Southeast Region	573-751-6375	chris.bursnall@health.mo.gov
Eron Foster	Field Representative, Eastern Region	573-522-1712	eron.foster@health.mo.gov
Scott Long	Field Representative, Southwest Region	573-522-3233	scott.long@health.mo.gov
Tammy Thrasher	Field Representative, Northern Region	573-751-9026	tamara.thrasher@health.mo.gov
Breanna Werdehausen	Field Representative, Central Region	573-751-1691	breanna.werdehausen@health.mo.gov
Bureau of Vital Records Main Line		573-751-6387	VitalRecordsInfo@health.mo.gov
Certification Unit	Issues Vital Records	573-751-6387, Opt 1	VitalRecordsInfo@health.mo.gov
Amendment Unit	Corrects Vital Records	573-751-6387, Opt 2	VitalRecordsInfo@health.mo.gov
Central Processing Unit	Registers Vital Records	573-751-6387, Opt 3	VitalRecordsInfo@health.mo.gov
Field Representatives	MoEVR/Stakeholder Support	573-751-6387, Opt 4	MoEVRsupport@health.mo.gov
LPHA/County Dedicated Email Support (15 minute response time)			VitalRecordsSupport@health.mo.gov
ITSD	PROD/TN 3270 Help Desk	573-751-6388	
To Order Supplies:	Fax request on agency letterhead	573-526-3846	



Health Program Representative Assigned Counties

Bureau of Vital Records
930 Wildwood Drive
Jefferson City, MO 65109
MoEVR Help Desk:
573-751-6387, Option 4

Breanna Werdehausen
Field Representative
Central Region
Phone: 573-751-1691
breanna.werdehausen@health.mo.gov



Scott Long
Field Representative
Southwestern Region
Phone: 573-522-3233
scott.long@health.mo.gov

Chris Bursnall
Field Representative
Southeastern Region
Phone: 573-751-6375
chris.bursnall@health.mo.gov

Eron Foster
Field Representative
Eastern Region
Phone: 573-522-1712
eron.foster@health.mo.gov

ERON 522-1712		BREANNA 751-1691		SCOTT 522-3233		TAMMY 751-9026		CHRIS 751-6375	
CRAWFORD	55	AUDRAIN	7	BARRY	9	ADAIR	1	BOLLINGER	17
DENT	65	BATES	13	BARTON	11	ANDREW	3	BUTLER	23
FRANKLIN	71	BENTON	15	CEDAR	39	ATCHISON	5	CAPE GIRAR	31
GASCONADE	73	BOONE	19	CHRISTIAN	43	BUCHANAN	21	CARTER	35
IRON	93	CALLAWAY	27	DADE	57	CALDWELL	25	DUNKLIN	69
JEFFERSON	99	CAMDEN	29	DALLAS	59	CARROLL	33	HOWELL	91
LINCOLN	113	CASS	37	DOUGLAS	67	CHARITON	41	MISSISSIPPI	133
MADISON	123	COLE	51	GREENE	77	CLARK	45	NEW MADRID	143
MARIES	125	COOPER	53	JASPER	97	CLAY	47	OREGON	149
MONTGOMERY	139	HENRY	83	JOPLIN CITY		CLINTON	49	PEMISCOT	155
PERRY	157	HICKORY	85	LACLEDE	105	DAVIESS	61	REYNOLDS	179
PHELPS	161	HOWARD	89	LAWRENCE	109	DEKALB	63	RIPLEY	181
PULASKI	169	JACKSON	95	MCDONALD	119	GENTRY	75	SCOTT	201
ST CHARLES	183	JOHNSON	101	NEWTON	145	GRUNDY	79	SHANNON	203
ST FRANCOIS	187	KANSAS CITY		OZARK	153	HARRISON	81	STODDARD	207
ST LOUIS	189	LAFAYETTE	107	POLK	167	HOLT	87	TEXAS	215
ST LOUIS CITY	510	MILLER	113	STONE	209	KNOX	103	WAYNE	223
STE GENEVIEVE	193	MONITEAU	135	TANEY	213	LEWIS	111		
WARREN	219	MORGAN	141	VERNON	217	LINN	115		
WASHINGTON	221	OSAGE	151	WEBSTER	225	LIVINGSTON	117		
		PETTIS	159	WRIGHT	229	MACON	121		
		SALINE	195			MARION	127		
		ST CLAIR	185			MERCER	129		
						MONROE	137		
						NODAWAY	147		
						PIKE	163		
						PLATTE	165		
						PUTNAM	171		
						RALLS	173		
						RANDOLPH	175		
						RAY	177		
						SCHUYLER	197		
						SCOTLAND	199		
						SHELBY	205		
						SULLIVAN	211		
						WORTH	227		

Bureau of Vital Records Training Evaluation

1. Please rate the training you received today:

Excellent Above Average Average Below Average Poor

2. Do you feel the training was helpful in educating you and/or your staff in relation to what was asked of the field representative to provide? Please provide comments so we understand where we can make changes in the training.

Yes Somewhat No

Comments:

3. Were your questions answered in this training? Please provide comments so we understand where we can make changes in the training.

Yes Somewhat No

Comments:

4. How can we improve this training to better suit your needs?

5. How can the Bureau of Vital Records better serve you?

